Audiology associates

AUDIOLOGY ASSOCIATES

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FINANCIAL POLICY

We thank you for allowing us to provide your hearing health care! We are committed to your successful treatment. In an effort to do this, we have implemented the following Financial Policy, and ask that all of our patients complete and sign this information before seeing their Audiologist.

PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE PRIOR TO YOUR APPOINTMENT

We accept cash, checks and major credit cards. We also offer Care Credit, which can provide our patients with a flexible payment plan. Please ask us for details.

Regarding Insurance:

You are responsible for your bill. If the specialist in our office is contracted with your insurance and coverage is valid for service in our office, we will be glad to bill your insurance providing we have the necessary insurance information. For all other types of insurance, as a courtesy, we will bill your insurance company. We cannot bill your insurance company unless you bring ALL of your current insurance information and claim form (when needed). Your insurance policy is a contract between you and your insurance company. We are a party to that contract. The balance is your responsibility regardless of whether or not your insurance pays for products and/or services you receive. Your co-payment and deductible are your responsibility at the time of service. If your insurance company or Medical Group requires authorization for you to see our specialists, it is your responsibility to make sure we receive one. if we do not receive an authorization, you are responsible for the visits, procedures and/or products.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

State of California

The state of California requires your insurance company to pay or deny your claim within 45 days of billing. any outstanding balance remaining after the 45 days, whether the insurance company responds or not, is due and payable by you upon receipt of our statement.

Your signature below indicates that you have read the Financial Policy and agree to its terms. Please let us know if you have any questions or concerns.

X _____ Date: _____

Signature of Patient or Responsible Party